

HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

PART "B"



HOUSTON **FIRE** DEPARTMENT Classified Recruiting

CONFIDENTIAL

The policies governing the Houston Fire Department Recruiting Division are meant to serve only as guidelines and are subject to change without notice. The needs and goals of the Houston Fire Department Recruiting Division of the City of Houston determine changes in policies. Therefore, all applicants are subject to these changes and must adhere to them.

**Houston Fire Department
Classified Recruiting
APPLICANT QUESTIONNAIRE PART "B"**

DATE: _____ **SOC. SEC. NO.:** _____

APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

FOR OFFICE USE ONLY

DATE RETURNED _____ **DATE REVIEWED** _____

REVIEWED BY _____

DISPOSITION _____

Please do not sign the last page unless in the presence of a Recruiter.

This Questionnaire must be **completed and returned** to the Houston Fire Department Recruiting Office. Read each question carefully and answer fully. Use a Black ink pen and print neatly and legibly. Do not use liquid paper, correction tape or any substance to "white out" errors. Draw one line through the error and write the correction above or next to the error. Answer all questions as completely as possible in the space provided. If necessary, please use additional sheets of paper and attach to the back of the Questionnaire. Please do not staple. If additional pages are submitted, please sign and date each additional page. **There are to be no "unknown" or unanswered questions.** If a question does not apply, indicate this by the use of "N/A". **If dates are requested, give month and year.**

YOU ARE ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRED, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.

Initials

APPLICANT QUESTIONNAIRE CHECK LIST

Have you enclosed the following?

Transcript for each and every College and/or University ever attended

Documents supporting periods of unemployment

Unemployment benefits statements

W-2 or 1040 for all applicable years affected by:

For all periods of self-employment,

For all previous employers no longer in business, (due to mergers, buyouts, closing, etc.)

For Present Employers that should not be contacted

Are there any unexplained gaps in the following areas:

Yes ☐ No ☐

Residence

Employment

NOTE: *Your application will not be processed if you fail to submit any of the above documents, where applicable, or if you answered "YES" to the above question and failed to provide the necessary information.*

You must return this Questionnaire in person. Please note that you must first call and make an appointment with your assigned Recruiter. You must dress in a professional manner for your interview, no shorts, tank tops, sandals, etc.

Notice: an Adult is defined as anyone aged seventeen (17) or older.

EDUCATION

1. Do you have a G.E.D.? Yes ☐ No ☐ High School Diploma? Yes ☐ No ☐

2. Have you ever attended college? Yes ☐ No ☐

a. Are you presently attending? Yes ☐ No ☐

b. Did you obtain a degree? Yes ☐ No ☐

3. Have you ever received a student loan to attend school? Yes ☐ No ☐

a. From whom was money borrowed? _____

b. Amount of loan? _____

c. Monthly payments? _____

d. Have you started making payments? Yes ☐ No ☐

e. Have you ever been delinquent in payments? Yes ☐ No ☐

f. How many delinquent payments? _____

4. Additional information _____

5. Were you suspended and/or received any type of disciplinary action from any schools?

Yes ☐ No ☐

If yes, list the name of the school(s) and the reason(s) below.

a. School Name _____

Reason(s) for suspension _____

b. School Name _____

Reason(s) for suspension _____

Beginning with your **present or most recent school**, list all schools (e.g., high schools, colleges, trade schools, etc.) you have attended regardless of the length of time attended. If your attendance at a school or college was interrupted, please list each period attended as a separate school. If you attended more than four schools, provide the requested information on separate sheets of paper.

Notice: Please sign all additional sheets.

EDUCATION

A. School Name _____					
School Address _____					
Number	Street	City	State	Zip Code	
Dates Attended _____		To _____			
From (Month/Year)		(Month/Year)		Phone No.	
Major Subjects or Area(s) of Specialization _____					
Hours or Highest Grade Completed _____ Date of Graduation _____					
Type of Degree or Diploma _____					
B. School Name _____					
School Address _____					
Number	Street	City	State	Zip Code	
Dates Attended _____		To _____			
From (Month/Year)		(Month/Year)		Phone No.	
Major Subjects or Area(s) of Specialization _____					
Hours or Highest Grade Completed _____ Date of Graduation _____					
Type of Degree or Diploma _____					
C. School Name _____					
School Address _____					
Number	Street	City	State	Zip Code	
Dates Attended _____		To _____			
From (Month/Year)		(Month/Year)		Phone No.	
Major Subjects or Area(s) of Specialization _____					
Hours or Highest Grade Completed _____ Date of Graduation _____					
Type of Degree or Diploma _____					
D. School Name _____					
School Address _____					
Number	Street	City	State	Zip Code	
Dates Attended _____		To _____			
From (Month/Year)		(Month/Year)		Phone No.	
Major Subjects or Area(s) of Specialization _____					
Hours or Highest Grade Completed _____ Date of Graduation _____					
Type of Degree or Diploma _____					

MILITARY HISTORY

1. Have you ever served or enlisted in the military services? Yes ☐ No ☐ If yes, please answer the following:

a. Branch _____ Rank _____ Type of Discharge _____

b. Date In _____ Date Out _____

- c. Did you ever receive any disciplinary action while in the service? Yes ☐ No ☐

If yes, please answer the following:

(Including Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-Judicial Punishment (Article 15). Office hours, Captain's Mast, etc.)

Reason(s) for disciplinary action: _____

Disciplinary action taken: _____

2. Were you discharged from the military prior to your obligation of service? Yes ☐ No ☐
If "YES", explain.

3. Were you ever AWOL? Yes ☐ No ☐ If "YES" explain _____

4. Have you ever applied and been **rejected** for military service? Yes ☐ No ☐ If yes, please answer the following:

a. When? _____

b. What branch of service _____

Additional Information _____

DRINKING HABITS

1. Do you presently consume alcoholic beverages? Yes ☐ No ☐

2. If yes, how frequently? _____

3. And in what quantity? _____

4. While in the military, were you ever counseled for alcohol abuse? Yes ☐ No ☐

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the **past ten (10) years** regardless of the length of time employed. Include part-time, temporary or seasonal employment. If you were in the military service during this period, list **only** the service branch and dates of service in proper sequence. If you had more than six (6) jobs, provide the requested information on separate sheets of paper. If you were **unemployed** at anytime during the **past ten (10) years**, report the dates of unemployment on the lines provided for dates of employment. Print "**UNEMPLOYED**" on the "Name of Company" line and make a statement **whether** "unemployment" benefits were received.

1. If employed, would it **jeopardize** your position if we checked with your **present** employer?
Yes ☐ No ☐ (If yes, please provide proof of employment)
2. If employed, please state the number of weeks notice required if you decide to leave your present position. _____ Weeks
3. Have you ever applied to the Houston Fire Department before? Yes ☐ No ☐ If yes,
a. When? _____ b. Position _____
c. Outcome _____ d. If rejected, reason _____

4. Have you ever applied with any other Fire Department? Yes ☐ No ☐
If "Yes" please give the name of the Fire Department and the present status of each application: _____

5. Have you ever applied for any other position with the City of Houston? Yes ☐ No ☐
a. When? _____ b. Position _____
c. Department _____ d. Outcome _____

(REGARDING ALL JOBS, INCLUDING PART-TIME)

- 1.) Have you **ever** been fired, discharged, terminated, or forced to resign from any previous employment? Yes ☐ No ☐
If yes, how many times? _____
Employer _____
Date _____ Reason _____

- 2.) Have you **ever** been asked to resign? Yes ☐ No ☐
If yes, how many times? _____
Employer _____
Date _____ Reason _____

EMPLOYMENT HISTORY

JOB A

Name of Company	(Service Branch)	Phone No.	
Address	City	State	Zip Code
Dates of Employment _____			
Reason(s) for leaving (Explain fully) _____			
Number of days absent other than approved vacation _____			

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary?	Yes	No
Was this job seasonal?	Yes	No
Were you discharged?	Yes	No
Were you asked to resign?	Yes	No
Do you believe you are eligible for rehire?	Yes	No
Were you ever subjected to disciplinary action?	Yes	No

JOB B

Name of Company	(Service Branch)	Phone No.	
Address	City	State	Zip Code
Dates of Employment _____			
Reason(s) for leaving (Explain fully) _____			
Number of days absent other than approved vacation _____			

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary?	Yes	No
Was this job seasonal?	Yes	No
Were you discharged?	Yes	No
Were you asked to resign?	Yes	No
Do you believe you are eligible for rehire?	Yes	No
Were you ever subjected to disciplinary action?	Yes	No

JOB C

Name of Company	(Service Branch)	Phone No.	
Address	City	State	Zip Code
Dates of Employment _____			
Reason(s) for leaving (Explain fully) _____			
Number of days absent other than approved vacation _____			

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary?	Yes	No
Was this job seasonal?	Yes	No
Were you discharged?	Yes	No
Were you asked to resign?	Yes	No
Do you believe you are eligible for rehire?	Yes	No
Were you ever subjected to disciplinary action?	Yes	No

JOB D

Name of Company	(Service Branch)	Phone No.	
Address	City	State	Zip Code
Dates of Employment _____			
Reason(s) for leaving (Explain fully) _____			
Number of days absent other than approved vacation _____			

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary?	Yes	No
Was this job seasonal?	Yes	No
Were you discharged?	Yes	No
Were you asked to resign?	Yes	No
Do you believe you are eligible for rehire?	Yes	No
Were you ever subjected to disciplinary action?	Yes	No

JOB E

Name of Company (Service Branch) **Phone No.**

Address **City** **State** **Zip Code**

Dates of Employment

Reason(s) for leaving (Explain fully)

Number of days absent other than approved vacation

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary? Yes No

Was this job seasonal? Yes No

Were you discharged? Yes No

Were you asked to resign? Yes No

Do you believe you are eligible for rehire? Yes No

Were you ever subjected to disciplinary action? Yes No

JOB F

Name of Company (Service Branch) **Phone No.**

Address **City** **State** **Zip Code**

Dates of Employment

Reason(s) for leaving (Explain fully)

Number of days absent other than approved vacation

Type of Job: (Circle One) Full-Time/Part-Time

Was this job temporary? Yes No

Was this job seasonal? Yes No

Were you discharged? Yes No

Were you asked to resign? Yes No

Do you believe you are eligible for rehire? Yes No

Were you ever subjected to disciplinary action? Yes No

RESIDENCE HISTORY

Beginning with your present residence, list all addresses where you have lived during the **past five (5) years** regardless of the length of time spent at residence. Do **not** list mailing addresses, or so-called permanent addresses, unless you actually **lived** at that location at the time in question. If you had more than four residences, provide the requested information on separate sheets of paper. If you were in the military service during this period, list all Duty Stations giving dates that you were stationed there. List additional Duty Stations on a separate sheet of paper if necessary.

A. Owner of private residence or name of Apartment Complex _____

Street Address _____ Apt No. _____
City _____ State _____ Zip Code _____
Resided from _____ To _____
(Month/Year) (Month/Year)
Landlord/manager _____ Phone _____

B. Owner of private residence or name of Apartment Complex _____

Street Address _____ Apt No. _____
City _____ State _____ Zip Code _____
Resided from _____ To _____
(Month/Year) (Month/Year)
Landlord/manager _____ Phone _____

C. Owner of private residence or name of Apartment Complex _____

Street Address _____ Apt No. _____
City _____ State _____ Zip Code _____
Resided from _____ To _____
(Month/Year) (Month/Year)
Landlord/manager _____ Phone _____

D. Owner of private residence or name of Apartment Complex _____

Street Address _____ Apt No. _____
City _____ State _____ Zip Code _____
Resided from _____ To _____
(Month/Year) (Month/Year)
Landlord/manager _____ Phone _____

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE *COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF*.

I AM ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRED, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.

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SIGNATURE OF APPLICANT

DATE

RECRUITER

DATE

PAYROLL NUMBER